

Tob

Maine Revenue Services Tobacco Products Tax Return



0519000

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Registration No.

Period Begin

Period End

Due Date

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ , return permit to Bureau and complete information at right. Date closed: _____
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check the type of change below.
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Smoking Tobacco	Total Wholesale Price from Sch A	1. _____
	Less: Exports from Sch B	2. _____
	Taxable Smoking Tobacco	3. _____ Tax @ 20% 3A. _____
Smokeless Tobacco	Total Wholesale Price from Sch C	4. _____
	Less: Exports from Sch D	5. _____
	Taxable Smokeless Tobacco	6. _____ Tax @ 78% 6A. _____
Total Due	Total Tax	Add lines 3A and 6A. 7. _____
Credits	Credit Carry Forward From Prior Period	8. _____
Amount Due	Line 7 less line 8. Use line 10 if the result is a credit amount. 9. _____	
Credit Due	If Line 7 less line 8 is a credit amount, enter the amount to the right. If you wish a refund rather than a carry forward to the next period, check here <input type="checkbox"/> 10. _____	



Mail To:
Maine Revenue Service
P.O. Box 9119
Augusta, ME 04332-9119

Signature/Title
TP-3 Revised 07/05

Print Name

Date

Phone #

Schedule A - Smoking Tobacco

[illegible]

Schedule B - Exports of Smoking Tobacco

Quantity	Product	Ship to: (Name, City State)	Wholesale Price
Total Sch B			

Schedule C - Smokeless Tobacco

Quantity	Product	Purchased from:	Wholesale Price
Total Sch C			

Schedule D - Exports of Smokeless Tobacco

Quantity	Product	Ship to: (Name, City State)	Wholesale Price
Total Sch D			